UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF RHODE ISLAN	1D		
	_ *		
In re:	:		
Debtor(s)	: : - *	BK No. Chapter	
CHAPTER 11 CONFIRMATION	WORKSHEE'	T AND CERTIF	ICATION
I. GENERAL PLAN INFORMATION			
Date of Bankruptcy Filing:			
Date of Hearing on Confirmation	ı:		
Effective Date of Plan:			
Method/Type of Plan Funding:			
Projections attached for life of	of plan (	if appropriat	
Summary of cash flow statements (included)	for the	life of the	_
Amount required to Fund Plan:			
Total initial Deposit required	at Confi	rm.:	
Number of Creditor Classes:			
Classes that are impaired under	the Plan	n:	
Indicate whether the Debtor int	ends to	seek cramdown	
Indicate whether any equity sha interest under the Plan:	ıreholder	s will be ret YES	caining any
Liquidation analysis included:		YES	NO

II.	FILING	OF	REQUIRED	DOCUMENTS
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1. PROOF OF DEPOSIT is attached to worksheet: YESNO
2. CLAIMS REGISTER is attached to worksheet: YES NO
3. PROPOSED ORDER OF DISTRIBUTION (R.I. Bankr. Form K.1) is attached to worksheet and has been mailed to all creditors, or the NOTICE OF FILING OF PROPOSED ORDER OF DISTRIBUTION (R.I. Bankr. Form K.2) in accordance with R.I. LBR 3020-1(a)(2) at least fourteen (14) days before the hearing on confirmation:
YES NO
4. WRITTEN SUMMARY OF BALLOTS (R.I. Bankr. Form I) in accordance with R.I. LBRs 3018-1 and 3020-1 is attached to worksheet:
YES NO
5. AFFIDAVIT RELATING TO REQUIREMENTS UNDER 11 U.S.C. '1129 is attached to worksheet. See R.I. LBR 3020-1(a)(6):
YES NO
6. CERTIFICATE OF SERVICE has been filed or is attached to worksheet certifying that the approved Disclosure Statement, latest Amended Plan, the Order approving the Disclosure Statement, and the Ballots for Acceptances or Rejections were mailed to all creditors at least twenty-five (25) days before the hearing on confirmation, or the date set by the Court:
YES NO

## III. BREAKDOWN OF PLAN OF REORGANIZATION PER CLASS

A.	Administrative	Expenses/Applications for	r Compens	ation:
TOTA	L OF ADMIN. EXF	PENSES:	*	
Payn	ment for admin.	claims will be	_ percent	(%).
Payn	ent for admin.	claims will be made on:_		
Amou	nt of deposit f	for admin. claims on eff.	date:	
	<u>E</u> : See breakdo osed order of d	wn of claimants as set listribution.	forth in	the debtor=s
в.	CLASS I			
TOTA	L OF CLASS I CI	AIMS:		*
Payn	ent for class I	will be		percent (%).
Payn	ent for class I	will be made on:		
Amoı	ınt of deposit f	or class I claims on eff	. date:	
	<u>E</u> : See breakdo oosed order of o	wn of claimants as set listribution.	forth in	the debtor=s
c.	CLASS II			
TOTA	L OF CLASS II C	CLAIMS:		_*
Paym	ent for class I	II will be		percent (%).
Payn	ent for class I	I will be made on:		
Amou	nt of deposit f	or class II claims on ef	f. date _	
	<u>'E</u> See breakdow oosed order of d	n of claimants as set distribution.	forth in	the debtor=s

D. <u>CLASS III</u>	
TOTAL OF CLASS III CLAIMS:	*
Payment for class III will be	percent (%)
Payment for class III will be made on:	
Amount of deposit for class III claims on eff. date _	
* $\underline{\text{NOTE}}$ See breakdown of claimants as set forth in proposed order of distribution.	the debtor
E. <u>CLASS IV</u>	
TOTAL OF CLASS IV CLAIMS:	_*
Payment for class IV will be	percent (%)
Payment for class IV will be made on:	
Amount of deposit for class IV claims on eff. date _	
* $\underline{\text{NOTE}}$ See breakdown of claimants as set forth in proposed order of distribution.	the debtor
F. <u>CLASS V</u>	
TOTAL OF CLASS V CLAIMS:	*
Payment for class V will be	percent (%)
Payment for class V will be made on:	
Amount of deposit for class V claims on eff. date	

 $^{\star}\underline{\text{NOTE}}$  See breakdown of claimants as set forth in the debtor=s proposed order of distribution.

G.	CLASS	VI

TOTAL OF CLASS VI CLAIMS:		_*
Payment for class VI will be		percent (%).
Payment for class VI will be made o	n:	
Amount of deposit for class VI cla	ims on eff. date _	
*NOTE See breakdown of claimants proposed order of distribution.	as set forth in	the debtor=s
If there are more than six clashould be included describing the class.		
CERTIFICA	ATION	
I certify that I have reviewed claims register, the schedules fil related documents, and that based information is complete and accurate	ed in this case, a l upon such revie	and all other w, the above
DATED:		
	Attorney for the laddress:	Debtor
	Telephone Number: Bar Code Number:	